Veterans Affairs, and transition from military service to civilian life, and for other purposes.

S. 1621

At the request of Mr. CONRAD, the names of the Senator from North Dakota (Mr. DORGAN), the Senator from Nebraska (Mr. HAGEL) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of S. 1621, a bill to amend the Internal Revenue Code of 1986 to treat certain farming business machinery and equipment as 5-year property for purposes of depreciation.

S. 1681

At the request of Mr. DODD, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1681, a bill to provide for a paid family and medical leave insurance program, and for other purposes.

S.J. RES. 4

At the request of Mr. BROWNBACK, the name of the Senator from Montana (Mr. BAUCUS) was added as a cosponsor of S.J. Res. 4, a joint resolution to acknowledge a long history of official depredations and ill-conceived policies by the United States Government regarding Indian tribes and offer an apology to all Native Peoples on behalf of the United States.

S.J. RES. 12

At the request of Mr. BROWNBACK, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S.J. Res. 12, a joint resolution providing for the recognition of Jerusalem as the undivided capital of Israel before the United States recognizes a Palestinian state, and for other purposes.

S. RES. 222

At the request of Mr. SMITH, the name of the Senator from Minnesota (Mr. COLEMAN) was added as a cosponsor of S. Res. 222, a resolution supporting the goals and ideals of Pancreatic Cancer Awareness Month.

At the request of Mrs. CLINTON, the names of the Senator from Georgia (Mr. CHAMBLISS) and the Senator from Vermont (Mr. SANDERS) were added as cosponsors of S. Res. 222, supra.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. HATCH (for himself, Mr. KENNEDY, Mrs. FEINSTEIN, and Mr. SPECTER):

S. 1685. A bill to reduce the sentencing disparity between powder and crack cocaine violations, and to provide increased emphasis on aggravating factors relating to the seriousness of the offense and the culpability of the offender; to the Committee on the Judiciary.

Mr. HATCH. Mr. President, I rise today to introduce S. 1685, the Fairness in Drug Sentencing Act of 2007. I am joined in this effort by my colleagues, Senators KENNEDY, FEINSTEIN, and SPECTER. This bipartisan, balanced effort will adjust the existing statutory ratio for cocaine sentencing to craft a more rational and effective sentencing policy. I must underscore that this bill continues to offer significant penalties for drug dealers and ensures that those who continue to peddle dangerous substances in our communities will endure harsh consequences for their destructive choices; at the same time, though, S. 1685 rectifies a longstanding disparity in cocaine sentencing that should have been fixed two decades ago.

Some background might be appropriate for my colleagues at this point. In 1986, Congress enacted the anti-drug abuse law to address the growing problem of drug use in our country. This legislation created the basic framework of statutory mandatory minimum penalties which are currently applicable to Federal drug trafficking offenses.

The law differentiated between powder and crack cocaine by establishing significantly higher penalties for crack cocaine offenses. It is likely this was done based on assumptions that crack cocaine was considered more dangerous and had increased levels of violence associated with its usage. Based on these assumptions, the law provided for quantity-based penalties which differed dramatically between the two forms of cocaine. Under that law, the current law, it takes 100 times more powder cocaine than crack cocaine to trigger the same 5- and 10-year mandatory minimum sentences. This penalty structure is referred to as the ''100 to 1 drug ratio.''

Over the last decade, public officials, lawmakers, interest groups, criminal justice practitioners, and judges have all criticized and questioned the fairness and practicality of the Federal sentencing policy for cocaine offenses created by the 1986 law. This 100-to-1 ratio is widely viewed as an unjustifiable disparity. Crack and powder cocaine are pharmacologically the same drug, and although the level of violence associated with crack is higher, it does not warrant such an extreme sentencing disparity.

It should also be noted that during the negotiations in 1986 that produced the 100-to-1 ratio law, a bill was introduced at the request of President Reagan which represented the Reagan administration's views on drug policy. This bill was described as the ''culmination'' of President Reagan's efforts in his commitment to fight drug abuse. The Reagan legislation utilized the same quantity of crack cocaine necessary to trigger a 5-year mandatory minimum as what is called for in the legislation we are introducing today, reducing the sentencing disparity to a 20-to-1 ratio.

While many individuals can disagree on what the appropriate ratio should be, I am completely comfortable recommending the same amount previously requested by President Reagan. I supported his proposed 20-to-1 ratio in 1986, and I support this same ratio today.

Many organizations share our concern, and the U.S. Sentencing Commission has advocated that Congress reduce the sentencing disparity on four different occasions between 1995 and 2007. The Commission has conducted a voluminous amount of research on this topic. This research has led to many conclusions by the Commission, including that the current penalties exaggerate the relative harmfulness of crack, sweep too broadly and apply most often to lower level offenders, and fail to provide adequate proportionality.

The Fairness in Drug Sentencing Act continues to recognize that crack and powder cocaine are not coequal in their destructive effects. On the contrary, the five-fold reduction in the crack-powder ratio corrects the unjustifiable disparity, while appropriately reflecting the greater harm to our citizens and communities posed by crack cocaine.

This legislation also seeks to emphasize the defendant's role in the crime and will require the U.S. Sentencing Commission to examine sentencing enhancements for all Federal drug violations, including methamphetamine. The Commission's examination should include appropriate sentencing enhancements for offenders who brandished a weapon, sold to minors or pregnant women, sold drugs near schools, were involved in the importation of the illegal drugs into our country, or have previous felony drug trafficking convictions.

Finding ways to reduce drug crime is not and should not be a partisan issue. All individuals involved in this process have tried to design a blueprint to curb the spread of drug trafficking and abuse. An easy, straightforward blueprint has unfortunately proven to be elusive. Since the 1970s, Congress has been working to improve Federal sentencing policy and has routinely made necessary changes to make our sentencing structure more just and effective. The bill we introduce today seeks to remedy mistakes of the past and will provide a rational and just sentencing schedule while continuing to reflect the fundamental and befitting goals of the criminal justice system.

Mr. KENNEDY. Mr. President, I am pleased to join Senator HATCH in support of this important legislation to reduce the difference in sentencing between crack and powder cocaine. It is important to ameliorate harsh drug laws that have discriminatory consequences.

The Sentencing Reform Act was enacted over 20 years ago to reduce unwarranted disparities and assure proportionality in punishment. Instead, the severity of crack-cocaine sentencing has had a harsh impact on low-income and African-American communities and has undermined public confidence in the fairness of the criminal justice system. Unfair sentencing feeds the perception that the criminal justice system unjustly targets the poor and minority communities.

The crack powder laws were intended to punish those at the highest levels of the illegal drug trade, such as traffickers and kingpins. But the low amount needed to trigger the harsh sentences is not associated with high-level drug dealing. As the Sentencing Commission reported in 2005, only 15 percent of Federal cocaine traffickers were high-level dealers. The overwhelming majority of defendants were low-level participants, such as street dealers, lookouts, or couriers. Harsh sentencing in such cases has only a limited impact on the drug trade because they involve low level offenders who are not at the top of the drug chain. The mass incarceration resulting from these sentences has done nothing to decrease drug use. Recent data indicate that such use has actually increased over time.

When these laws were enacted, there was widespread belief in the extraordinary dangers of crack cocaine. It was viewed as highly addictive and likely to cause violent behavior. We know much more about crack cocaine now than we did 20 years ago. The rationale that crack is more dangerous or more addictive than powder is not supported by research. In fact, research has demonstrated that the effects of crack cocaine are much like the effects of powder cocaine.

Medical experts have determined that the pharmacological effects of crack were overstated. They found that crack use doesn't incite violent behavior. As with other drugs, the violence is related to the distribution of the drug.

Changes in the drug market have also called the 100-to-1 ratio into question. Demand for crack cocaine by new users has decreased significantly, and the violence associated with crack cocaine has declined. How can Congress continue to support a policy it knows is flawed? Changes are long overdue and will be an important step in reducing the disparity that plagues drug sentencing policies.

Under the current sentencing laws, the statutory ratio for powder and crack cocaine is 100 to 1. One gram of crack cocaine triggers the same penalty as 100 grams of powder cocaine. Possession of 5 grams of crack triggers a 5-year mandatory minimum penalty. It is the only drug with a mandatory prison sentence for a first-time possession offense. This disparity results from an early attempt by the Commission to incorporate congressionally mandated minimum penalties into the guidelines, even though such harsh mandatory minimums are completely inconsistent with the structure and goals of the Sentencing Reform Act.

Judges, experts, and practitioners in the Federal criminal justice system have long opposed mandatory minimums on the ground that they undermine the goals of the Sentencing Reform Act by creating unwarranted disparities, subjecting defendants with different levels of culpability to the same punishment, and adding another unnecessary layer of complexity to the sentencing process.

In its 2002 report, as well as an updated report to Congress in May, the commission has repeatedly recognized that the 100-to-1 ratio exaggerates the relative harm of crack cocaine and creates unwarranted disparities that are correlated with race and class. With a new sense of urgency, the Commission continues to call on Congress to eliminate the 100-to-1 ratio.

Senator HATCH's legislation takes two important steps toward this goal. It reduces the ratio from 100-to-1 to 20-to-1, and it eliminates the mandatory minimum sentence of 5 years for first-time possession. Under the new sentencing scheme proposed by this legislation, the amount of crack cocaine triggering a mandatory minimum sentence would be raised from 5 grams to 25 grams, an amount that targets the more serious traffickers. This change will make cocaine laws more consistent with the penalty structure for other types of drugs that require much greater amounts to trigger a mandatory minimum. For heroin and marijuana, it is 100 grams. Even for methamphetamine, the triggering amount is 10 grams. Congress must take action to support the recommendations of the Sentencing Commission.

Changing the ratio will also provide important benefits to the criminal justice system as a whole. The Sentencing Commission estimates that the 20-to-1 ratio could save over 3,000 prison beds in the Federal system over a 5-year period, with millions of dollars in savings each year. Resources for prosecution could also be redirected toward more serious drug offenders, whose prosecution may actually make a difference in drug trafficking. Adjusting the ratio will also help to restore public confidence and fairness in the criminal justice system. Currently, 5,000 people are convicted under the Federal crack cocaine laws every year. The Sentencing Commission recently proposed amended guidelines for crack cocaine by reducing sentencing ranges, a change that will affect 78 percent of Federal defendants. The commission's proposed amendment to the guideline will result in an average sentence reduction of 16 months.

Drug abuse and addiction are increasingly being recognized as public health issues, not just as crime problems. More resources must be directed at breaking the cycle of drug addiction, which often leads to involvement in crimes. More resources must also be directed toward drug courts, which provide nonviolent drug offenders with treatment, not punishment. We are currently working to reauthorize SAMSHA to improve substance abuse treatment, since punishment and incarceration only address one part of the overall drug problem.

The commission recognizes, however, that its efforts are only a partial step to eliminate unwarranted disparities in the Federal crack powder laws. It has strongly urged Congress to address the problems with the 100-to-1 ratio. It is important for us to move forward on this issue without any effort to raise penalties for powder cocaine. Current law provides for 5-year and 10-year mandatory minimum sentences for offenses involving, respectively, 500 and 5000 grams of powder cocaine. There is no evidence that existing powder-cocaine penalties are too low.

Our goal is to return to the original intent of these laws and direct our limited resources to arresting and prosecuting high level drug traffickers. Our harshest punishments should be reserved for those who truly deserve them.

By Mr. BIDEN (for himself, Mr. HAGEL, Mr. KENNEDY, and Mr. CASEY):

S. 1687. A bill to provide for global pathogen surveillance and response; to the Committee on Foreign Relations.

Mr. BIDEN. Mr. President, many have called the 20th Century ''the American century.'' The 21st Century will be one, too, provided that we understand and act on a new reality: that global interactions make each country, even the U.S., more dependent upon others. Nowhere is this more striking than in our battle against emerging infectious diseases and bioterrorism. Whether we like it or not, the very security of our Nation depends upon the capability of nations in remote regions to contain epidemics before they spread.

Today, I am introducing the Global Pathogen Surveillance Act of 2007. I am very pleased to have as original cosponsors Senator HAGEL, who is an esteemed colleague on the Foreign Relations Committee, and Senator KENNEDY, who chairs the HELP Committee. Each of these gentlemen also cosponsored earlier versions of this bill. Also cosponsoring this bill is one of my fine new colleagues on the Foreign Relations Committee, Senator CASEY.

Our action today is timely, as there is still time to prevent bioterrorist attacks on the U.S. It is urgent, because the disease surveillance capabilities in foreign countries that this act will promote are vitally needed to protect our country against not only bioterrorism, but also natural diseases such as avian influenza, which threatens to become the greatest pandemic since at least 1918. And it is long overdue, as this bill was first passed by the Senate in 2001 and was again passed in 2005. All of us hope that the third time will be the charm.

The purpose of this bill is to bolster the ability of developing countries to detect, identify and report disease outbreaks, with particular attention to outbreaks that could be the result of terrorist activity. My concern, as Chairman of the Senate Foreign Relations Committee, is that today, the many deficiencies in the capability of

developing nations to track and contain disease epidemics are the equivalent of cracks in a levee. Right now, when the epidemiological ''big one'' hits, whether it is a natural outbreak or a terrorist attack, the world simply won't be able to respond in time.

The odds of a major bioterrorism event are very low, but they are hardly zero. In 2001, the American news media, the U.S. Postal Service and this United States Senate learned first-hand what it is like to receive deadly pathogens in the mail. To this day, we do not know whether the murderous anthrax letters were just a criminal act or actually a bioterrorist attack. But we surely know that neither our military power nor our economic wealth or geographical distance affords us immunity from the risk that a deranged person or group will visit biological destruction upon us.

The odds of a major outbreak of a new, but natural, disease are much higher, and the possible consequences, while variable, are truly frightening. At the high end, an avian flu pandemic similar to the Spanish flu of 1918 could kill many millions of people and threaten social cohesion everywhere, including in the U.S. Viruses and other pathogens respect no borders. Increased contact between humans and animals, coupled with vastly increased travel of goods and people, has made it possible for a new and distant outbreak to become a sudden threat to every continent.

The SARS epidemic was a good example of this. Now the world watches nervously as avian flu spreads westward from Asia, occasionally striking poultry flocks in Europe and Africa. We wonder when it will reach the Western Hemisphere and whether, or when, it will mutate into a disease that is readily transmitted between humans, who lack any immunity to it.

Last month, a man with extensively drug-resistant tuberculosis, or XDRTB, flew across one ocean, twice, and drove across several national borders, reminding us how readily a disease can be spread in the modern world. We dodged a bullet this time; XDRTB is especially difficult to treat, but does not spread as readily as influenza or some other diseases. Authorities knew who the disease vector was, moreover, and they knew what he had. The risk with avian flu or a bioterrorism attack is heightened by the likelihood that the disease will spread before anybody even knows it's here.

As if that were not enough, recent advances in biotechnology that open the door to new cures for diseases could also lead to the development of new diseases, or new strains of old ones, with much greater virulence than in the past or with the ability to resist our current vaccines or medicines. Such man-made diseases have already been developed by accident, and there is a clear risk of their being developed on purpose.

The U.S., and this Senate, have acted to address the twin threats of bioterrorism and new pathogens. We enacted the Public Health Security and Bioterrorism Preparedness and Response Act of 2002, introduced by Senators Frist and KENNEDY, to buttress the ability of U.S. public health institutions to deal with a bioterrorism emergency. In 2004 we enacted the Project BioShield Act to spur the development of new vaccines and medicines.

The Centers for Disease Control has a program to put electronic surveillance systems in 8 American cities as the cornerstone of an eventual national network. Delaware is developing the first State-wide, electronic reporting system for infectious diseases, which will serve as a prototype for other States. And the Department of Health and Human Services funded a 3-year, $5.4 million program, early warning infectious disease surveillance, to assist the Government of Mexico to improve its disease surveillance capabilities near the U.S. border. Other funds were provided to U.S. States on the Mexican border.

But these efforts, as vital as they are, address the threats of disease and bioterrorism only when they are inside our house or on our doorstep. We must lift our eyes and look farther, to the places around the world where diseases and terrorism so often breed. We must battle bioterrorism not just at home, but also in those countries where lax governance and the lack of public health resources could permit both strange groups and stranger diseases to get a foothold and to get out of hand. We must not treat the threat of a massive biological pandemic the way we treated the threat of a category 5 hurricane striking New Orleans. If we do not prepare to combat realistic, once-in-a-century threats, then we will be left again to pick up the pieces after enduring massive physical and social harm.

There are precedents in current programs, moreover, for promoting disease surveillance as a means to lessen the risk of bioterrorism. For example, our programs to find useful careers for former Soviet biological weapons scientists, under the leadership of the State Department's Office of Cooperative Threat Reduction, currently fund the disease surveillance activities of anti-plague institutes in six states of the former Soviet Union, which had a major pathogen surveillance program ever since tsarist days. The Department of Defense also has programs with former Soviet scientists, as well as overseas laboratories that work with doctors in developing countries.

We need to build on those programs. We must create a world-wide disease surveillance capability that matches that of the old anti-plague institutes. We must help the rest of the world gain the capability to detect, contain, and report on disease outbreaks in a timely manner, and especially to spot outbreaks that may be the result of biological terrorism.

Part of the answer to the threat of new natural diseases is to stockpile vaccines and medicines, and the means to deliver them quickly. But rapid detection and identification of an outbreak is equally necessary, wherever it occurs. Only disease surveillance can give us the lead time to manufacture vaccines and enable the world community to help control a disease outbreak where it initially occurs.

In 2005, two sets of researchers reported in the journals Nature and Science that, based on computer simulations, if an outbreak of human-to-human-transmitted avian flu occurred in a rural part of Southeast Asia, it might be possible to stem that dangerous epidemic by using anti-viral drugs to treat the tens of thousands of people who might have been exposed in the initial outbreak. One key requirement, however, was that the outbreak would have to be discovered, identified and reported very quickly; in one study, the assumption was that countermeasures were instituted when only 30 people had observable symptoms. That is a tall order for any country's disease surveillance system, let alone a poorly equipped one.

The National Intelligence Council, NIC, reported in January 2000 that developing nations in Africa and Asia have only rudimentary systems, at best, for disease surveillance. They lack sufficient trained personnel and laboratory equipment, and especially the modern communications equipment that is needed for speedy analysis and reporting of disease outbreaks. The NIC estimated that it would take at least a decade to create an effective world-wide disease surveillance system.

According to an August 2001 report by the General Accounting Office, World Health Organization officials said that more than 60 percent of laboratory equipment in developing countries was either outdated or nonfunctioning, and that the vast majority of national personnel were not familiar with quality assurance principles for handling and analyzing biological samples. Deficiencies in training and equipment meant that many public health units in Africa and Asia were simply unable to perform accurate and timely disease surveillance.

The poor sanitary conditions, poverty, close contact between people and animals, and weak medical infrastructure make developing countries ideal breeding grounds for epidemics.

So it is vital to give these countries the capability to track epidemics and to feed that information into international surveillance networks. Disease surveillance is a systematic approach that requires trained public health personnel, proper diagnostic equipment to identify viruses and pathogens, and prompt transmission of data from the doctor or clinic level all the way to national governments and the World Health Organization, Who.

The Global Pathogen Surveillance Act will offer such help to those countries that agree to give the United

States or the World Health Organization prompt access to disease outbreaks, so that we can help determine their origin. Recipients of this training will also be able to learn to spot diseases that might be used in a bioterrorist attack.

In drafting this bill, we worked closely with the Department of Defense and others, which have all supported the underlying goals of the bill. We also accepted several suggestions for improving the bill from the State Department and, in 2005, from the HELP Committee, all of which contributed to making this a better bill.

This bill targets U.S. assistance to developing nations in the following areas: Training of public health personnel in epidemiology; aquisition of laboratory and diagnostic equipment; Acquisition of communications technology to quickly transmit data on disease patterns and pathogen diagnoses to national public health authorities and to international institutions like the WHO; expansion of overseas CDC and Department of Defense laboratories engaged in infectious disease research and disease surveillance, which expansion could take the form of additional laboratories, enlargement of existing facilities, increases in the number of personnel, and/or expanding the scope of their activities; and expanded assistance to WHO and regional disease surveillance efforts, including expansion of U.S.-administered foreign epidemiology training programs.

Two years ago the Secretary of State, Dr. Condoleezza Rice, expressed her strong backing for this legislation:

> We believe that the Global Pathogen Surveillance Act will indeed help strengthen developing countries' abilities to identify and track pathogens that could be indicators of dangerous disease outbreaks—either naturally-occurring or deliberately-released. Improved disease surveillance and communication among nations are critical defenses against both bioterrorism and natural outbreaks. We look forward to working with you in support of the Global Pathogen Surveillance Act.

Secretary Rice went on to make clear that she shares the sense of urgency that Senators HAGEL, KENNEDY, CASEY and I feel on this subject:

> One of the true ''nightmare'' scenarios—of a bioterrorist attack or a naturally-occurring disease—involves a contagious biological agent moving swiftly through a crowded urban area of a densely populated developing nation. Thus, we believe that it is critical to increase efforts to strengthen the public health and scientific infrastructure necessary to identify and quickly respond to infectious disease outbreaks—and that the Global Pathogen Surveillance Act will provide valuable support in these efforts.

The WHO also shares our concern. During the SARS epidemic, Dr. Michael Heymann, who was the highest-ranking American in the WHO, stated: ''it is clear that the best defense against the spread of emerging infections such as SARS is strong national public health, national disease detection and response capacities that can identify new diseases and contain them before they spread internationally.'' He went on to highlight the important role that disease surveillance plays in combating both natural and terrorist outbreaks:

> Global partnerships to combat global microbial threats make good sense as a defense strategy that brings immediate benefits in terms of strengthened pubic health and surveillance systems. The resulting infectious disease intelligence brings dual benefits in terms of protecting populations against both naturally occurring and potentially deliberately caused outbreaks. As SARS has so vividly demonstrated, the need is urgent and of critical importance to the health of economies as well as populations.
>
> Support to developing countries such as proposed in the Global Pathogen Surveillance Act . . . will help strengthen capacity of public health professionals and epidemiologists, laboratory and other disease detection systems, and outbreak response mechanisms for naturally occurring infectious diseases such as SARS. This in turn will strengthen WHO and the world's safety net for outbreak detection and response, of which the United States is a major partner. And finally, strengthening this global safety net to detect and contain naturally occurring infectious diseases will strengthen the world's capacity to detect and respond to infectious diseases that may be deliberately caused.

The purpose of the Global Pathogen Surveillance Act is precisely to build these partnerships. And today, with the global war on terrorism an ever-present concern and with the threat of avian flu on the horizon, we have no time to waste. I urge my Senate colleagues to once again pass this bill and, with new leadership in the other body and with the support of Secretary Rice, I look forward to its speedy enactment.

By Mr. BINGAMAN (for himself and Ms. COLLINS):

S. 1689. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income amounts received on account of claims based on certain unlawful discrimination and to allow income averaging for backpay and frontpay awards received on account of such claims, and for other purposes; to the Committee on Finance.

Ms. COLLINS. Mr. President, I rise in support of the Civil Rights Tax Relief Act of 2007, which I joined Senator BINGAMAN in introducing today.

The primary purpose of this bill is to continue our efforts to remedy an unintended consequence of the Small Business Job Protection Act of 1996, which made damage awards that are not based on ''physical injuries or physical sickness'' part of a plaintiff's taxable income. Because most acts of employment discrimination and civil rights violations do not cause physical injuries, this provision means that plaintiffs who succeed in proving that they have suffered employment discrimination or other intentional violations of their civil rights are taxed on the compensation they receive.

Until a few years ago, this problem was compounded by the fact that attorneys' fees awarded in successful civil rights actions were treated as the plaintiff's taxable income, despite the fact that these fees were paid over to the plaintiff's attorney, who was also taxed on the money. Back in the 108th Congress, I joined with Senator BINGAMAN in offering legislation to correct this inequity, and I am glad to say that this double taxation of attorneys' fees was eliminated as part of the JOBS Act we passed in 2004.

But more remains to be done. Plaintiffs who are successful in employment discrimination or civil rights cases often receive a lump-sum award meant to compensate them for years of employment. Unfortunately, these awards are then taxed at the highest marginal tax rates, as if the award reflected the plaintiff's normal annual salary. As if that were not bad enough, successful plaintiffs can also find themselves subject to alternative minimum tax.

Let me explain how our bill eliminates this unfair taxation. First, the bill excludes from gross income amounts awarded other than for punitive damages and compensation attributable to services that were to be performed, known as ''backpay,'' or that would have been performed but for a claimed violation of law by the employer, known as ''frontpay.'' Second, award amounts for frontpay or backpay would be included in income, but would be eligible for income averaging according to the time period covered by the award. This correction would allow individuals to pay taxes at the same marginal rates that would have applied to them had they not suffered discrimination. Our bill also ensures that these awards do not trigger the AMT.

The Civil Rights Tax Relief Act would encourage the fair settlement of costly and protracted litigation of employment discrimination claims. Our legislation would allow both plaintiffs and defendants to settle claims based on the damages suffered, not on the excessive taxes that are now levied.

This bill is a ''win-win'' for civil rights plaintiffs and defendant businesses. I invite my colleagues to join in support of this commonsense legislation.

By Ms. SNOWE (for herself, Mr. KERRY, and Mr. BENNETT):

S. 1690. A bill to establish a 4-year pilot program to provide information and educational materials to small business concerns regarding health insurance options, including coverage options within the small group market; to the Committee on Small Business and Entrepreneurship.

Ms. SNOWE. Mr. President, as ranking member of the Senate Committee on Small Business and Entrepreneurship, I have long believed that it is my responsibility and the duty of this chamber to help small businesses, as they are the driver of this Nation's economy, responsible for generating approximately 75 percent of net new jobs each year.

Today, I rise with Senators KERRY and BENNETT to introduce legislation

that would address the crisis that faces small businesses when it comes to purchasing quality, affordable health insurance. This is not a new crisis. Over 46 million Americans are currently uninsured. We have now experienced double digit percentage increases in health insurance premiums in 4 of the past 6 years. Small businesses face difficult choices in seeking to provide affordable health insurance to their employees. The time to act is now.

Study after study tells us that the smallest businesses are the ones least likely to offer insurance and most in need of assistance. According to the Employee Benefit Research Institute, of the working uninsured, who make up 83 percent of our Nation's uninsured population, 60.6 percent either work for a small business with fewer than 100 employees or are self-employed. Furthermore, many of the small businesses whom we meet with tell us how they feel like the cost and complexity of the health care system has moved health insurance far beyond their reach.

That is why today we introduce the Small Business Health Insurance Options Act of 2007. This bipartisan measure would establish a pilot, competitive matching-grant program for Small Business Development Centers, SBDCs, to provide educational resources and materials to small businesses designed to increase awareness regarding health insurance options available in their areas. Recent research conducted by the Healthcare Leadership Council has found that following a brief education and counseling session, small businesses are up to 33 percent more likely to offer health insurance to their employees.

Our bill capitalizes on the well-established national SBDC framework. SBDCs are one of the greatest business assistance and entrepreneurial development resources provided to small businesses that are seeking to start, grow, and flourish. Currently, there are over 1,100 service locations in every State and territory delivering management and technical counseling to prospective and existing small business owners.

Our legislation would require the Small Business Administration to provide up to 20 matching grants to qualified SBDCs across the country. No more than two SBDCs, one per State, would be chosen from each of the SBA's 10 regions. The grants shall be more than $150,000, but less than $300,000, and shall be consistent with the matching requirement under current law. In creating the materials for their grant programs, participating SBDCs should evaluate and incorporate relevant portions of existing health insurance options, including materials created by the Healthcare Leadership Council, the Kaiser Family Foundation, and the National Association of Insurance Commissioners.

Enacting this legislation is an important step in the right direction towards assisting small businesses as they work to strengthen themselves, remain competitive against larger businesses that are able to offer affordable health insurance, and in turn bolster the entire economy.

We encourage our colleagues to join us in supporting this bill, and to continue to work to address the issues facing the small business community.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1690

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Small Business Health Insurance Options Act of 2007''.

SEC. 2. HEALTH INSURANCE OPTIONS INFORMATION FOR SMALL BUSINESS CONCERNS.

(a) DEFINITIONS.—In this section, the following definitions shall apply:

(1) ADMINISTRATION.—The term ''Administration'' means the Small Business Administration.

(2) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the Administration.

(3) ASSOCIATION.—The term ''association'' means an association established under section 21(a)(3)(A) of the Small Business Act (15 U.S.C. 648(a)(3)(A)) representing a majority of small business development centers.

(4) PARTICIPATING SMALL BUSINESS DEVELOPMENT CENTER.—The term ''participating small business development center'' means a small business development center described in section 21 of the Small Business Act (15 U.S.C. 648) that—

(A) is accredited under section 21(k)(2) of the Small Business Act (15 U.S.C. 648(k)(2)); and

(B) receives a grant under the pilot program.

(5) PILOT PROGRAM.—The term ''pilot program'' means the small business health insurance information pilot program established under this section.

(6) SMALL BUSINESS CONCERN.—The term ''small business concern'' has the meaning given that term in section 3 of the Small Business Act (15 U.S.C. 632).

(7) STATE.—The term ''State'' means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, and Guam.

(b) SMALL BUSINESS HEALTH INSURANCE INFORMATION PILOT PROGRAM.—The Administrator shall establish a pilot program to make grants to small business development centers to provide neutral and objective information and educational materials regarding health insurance options, including coverage options within the small group market, to small business concerns.

(c) APPLICATIONS.—

(1) POSTING OF INFORMATION.—Not later than 90 days after the date of enactment of this Act, the Administrator shall post on the website of the Administration and publish in the Federal Register a guidance document describing—

(A) the requirements of an application for a grant under the pilot program; and

(B) the types of informational and educational materials regarding health insurance options to be created under the pilot program, including by referencing materials and resources developed by the National Association of Insurance Commissioners, the Kaiser Family Foundation, and the Healthcare Leadership Council.

(2) SUBMISSION.—A small business development center desiring a grant under the pilot program shall submit an application at such time, in such manner, and accompanied by such information as the Administrator may reasonably require.

(d) SELECTION OF PARTICIPATING SMALL BUSINESS DEVELOPMENT CENTERS.—

(1) IN GENERAL.—The Administrator shall select not more than 20 small business development centers to receive a grant under the pilot program.

(2) SELECTION OF PROGRAMS.—In selecting small business development centers under paragraph (1), the Administrator may not select—

(A) more than 2 programs from each of the groups of States described in paragraph (3); and

(B) more than 1 program in any State.

(3) GROUPINGS.—The groups of States described in this paragraph are the following:

(A) GROUP 1.—Group 1 shall consist of Maine, Massachusetts, New Hampshire, Connecticut, Vermont, and Rhode Island.

(B) GROUP 2.—Group 2 shall consist of New York, New Jersey, Puerto Rico, and the Virgin Islands.

(C) GROUP 3.—Group 3 shall consist of Pennsylvania, Maryland, West Virginia, Virginia, the District of Columbia, and Delaware.

(D) GROUP 4.—Group 4 shall consist of Georgia, Alabama, North Carolina, South Carolina, Mississippi, Florida, Kentucky, and Tennessee.

(E) GROUP 5.—Group 5 shall consist of Illinois, Ohio, Michigan, Indiana, Wisconsin, and Minnesota.

(F) GROUP 6.—Group 6 shall consist of Texas, New Mexico, Arkansas, Oklahoma, and Louisiana.

(G) GROUP 7.—Group 7 shall consist of Missouri, Iowa, Nebraska, and Kansas.

(H) GROUP 8.—Group 8 shall consist of Colorado, Wyoming, North Dakota, South Dakota, Montana, and Utah.

(I) GROUP 9.—Group 9 shall consist of California, Guam, American Samoa, Hawaii, Nevada, and Arizona.

(J) GROUP 10.—Group 10 shall consist of Washington, Alaska, Idaho, and Oregon.

(4) DEADLINE FOR SELECTION.—The Administrator shall make selections under this subsection not later than 6 months after the later of the date on which the information described in subsection (c)(1) is posted on the website of the Administration and the date on which the information described in subsection (c)(1) is published in the Federal Register.

(e) USE OF FUNDS.—

(1) IN GENERAL.—A participating small business development center shall use funds provided under the pilot program to—

(A) create and distribute informational materials; and

(B) conduct training and educational activities.

(2) CONTENT OF MATERIALS.—

(A) IN GENERAL.—In creating materials under the pilot program, a participating small business development center shall evaluate and incorporate relevant portions of existing informational materials regarding health insurance options, including materials and resources developed by the National Association of Insurance Commissioners, the Kaiser Family Foundation, and the Healthcare Leadership Council.

(B) HEALTH INSURANCE OPTIONS.—In incorporating information regarding health insurance options under subparagraph (A), a participating small business development center shall provide neutral and objective information regarding health insurance options in the geographic area served by the participating small business development center,

including traditional employer sponsored health insurance for the group insurance market, such as the health insurance options defined in section 2791 of the Public Health Services Act (42 U.S.C. 300gg–91) or section 125 of the Internal Revenue Code of 1986, and Federal and State health insurance programs.

(f) GRANT AMOUNTS.—Each participating small business development center program shall receive a grant in an amount equal to—

(1) not less than $150,000 per fiscal year; and

(2) not more than $300,000 per fiscal year.

(g) MATCHING REQUIREMENT.—Subparagraphs (A) and (B) of section 21(a)(4) of the Small Business Act (15 U.S.C. 648(a)(4)) shall apply to assistance made available under the pilot program.

(h) REPORTS.—Each participating small business development center shall transmit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives, a quarterly report that includes—

(1) a summary of the information and educational materials regarding health insurance options provided by the participating small business development center under the pilot program; and

(2) the number of small business concerns assisted under the pilot program.

(i) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There are authorized to be appropriated to carry out this section—

(A) $5,000,000 for the first fiscal year beginning after the date of enactment of this Act; and

(B) $5,000,000 for each of the 3 fiscal years following the fiscal year described in subparagraph (A).

(2) LIMITATION ON USE OF OTHER FUNDS.—The Administrator may carry out the pilot program only with amounts appropriated in advance specifically to carry out this section.

By Mr. CARDIN (for himself, Mr. BAYH, Mrs. CLINTON, Mr. ISAKSON, Mr. KENNEDY, Mr. KERRY, Mr. LAUTENBERG, Ms. MIKULSKI, Ms. MURKOWSKI, and Mr. VITTER):

S. 1692. A bill to grant a Federal charter to Korean War Veterans Association, Incorporated; to the Committee on the Judiciary.

Mr. CARDIN. Mr. President, I rise today, on the 57th anniversary of the start of the Korean war, to introduce legislation to help honor American veterans who served our Nation during that war by granting a Federal charter to the Korean War Veterans Association, KWVA, a nonprofit fraternal veterans' organization. A companion measure is being introduced in the House by the distinguished majority leader, STENY HOYER, and Representative SAM JOHNSON, who have led this effort in previous Congresses along with my predecessor, Senator Paul Sarbanes.

The Korean war is sometimes referred to as the ''Forgotten War,'' because it has been overshadowed by World War II and the Vietnam war, and its importance has often been overlooked in American history. But for the nearly 1.2 million American veterans of the Korean war still alive today, the war is anything but forgotten. During the 3-year course of the war, some 5.7 million Americans were called to serve, under some of the most adverse and trying circumstances ever faced in wartime, for the cause of freedom. Alongside Korean and United Nations allies, our forces fought with extraordinary courage and valor. By the time the Korean Armistice Agreement was signed in July 1953, more than 36,000 Americans had died, 103,284 had been wounded, 7,140 were captured, and 664 were missing.

Granting a Federal charter to the Korean War Veterans Association would give our Nation an opportunity to honor veterans who served in that war, as well as those who have served subsequently in defense of the Republic of Korea. The KWVA is the only fraternal veterans' organization in the United States devoted exclusively to Korean war veterans and the only U.S. member of the International Federation of Korean War Veterans Associations.

Incorporated in 1985, the 20,000-member charitable association is also one of the few veterans' service organizations in America that has not been recognized with a Federal charter. These veterans are a source of strength and pride for our country. While we cannot repay the debt we owe them for the sacrifices they made, we can and should acknowledge and commemorate their service and help the association to expand its mission and further its charitable and benevolent causes.

This recognition for the KWVA is long overdue, and I am hopeful that this year, Congress will act swiftly to approve this measure. I urge my colleagues to join me in supporting this legislation.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1692

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. GRANT OF FEDERAL CHARTER TO KOREAN WAR VETERANS ASSOCIATION, INCORPORATED.

(a) GRANT OF CHARTER.—Part B of subtitle II of title 36, United States Code, is amended—

(1) by striking the following:

''CHAPTER 1201—[RESERVED]'';

and

(2) by inserting after chapter 1103 the following new chapter:

''CHAPTER 1201—KOREAN WAR VETERANS ASSOCIATION, INCORPORATED

''Sec.

''§ 120101. Organization

''(a) FEDERAL CHARTER.—Korean War Veterans Association, Incorporated (in this chapter, the 'corporation'), a nonprofit organization that meets the requirements for a veterans service organization under section 501(c)(19) of the Internal Revenue Code of 1986 and that is organized under the laws of the State of New York, is a federally chartered corporation.

''(b) EXPIRATION OF CHARTER.—If the corporation does not comply with the provisions of this chapter, the charter granted by subsection (a) shall expire.

''§ 120102. Purposes

''The purposes of the corporation are those provided in the articles of incorporation of the corporation and shall include the following:

''(1) To organize as a veterans service organization in order to maintain a continuing interest in the welfare of veterans of the Korean War, and rehabilitation of the disabled veterans of the Korean War to include all that served during active hostilities and subsequently in defense of the Republic of Korea, and their families.

''(2) To establish facilities for the assistance of all veterans and to represent them in their claims before the Department of Veterans Affairs and other organizations without charge.

''(3) To perpetuate and preserve the comradeship and friendships born on the field of battle and nurtured by the common experience of service to the United States during the time of war and peace.

''(4) To honor the memory of the men and women who gave their lives so that the United States and the world might be free and live by the creation of living memorial, monuments, and other forms of additional educational, cultural, and recreational facilities.

''(5) To preserve for the people of the United States and posterity of such people the great and basic truths and enduring principles upon which the United States was founded.

''§ 120103. Membership

''Eligibility for membership in the corporation, and the rights and privileges of members of the corporation, are as provided in the bylaws of the corporation.

''§ 120104. Governing body

''(a) BOARD OF DIRECTORS.—The composition of the board of directors of the corporation, and the responsibilities of the board, are as provided in the articles of incorporation of the corporation.

''(b) OFFICERS.—The positions of officers of the corporation, and the election of the officers, are as provided in the articles of incorporation.

''§ 120105. Powers

''The corporation has only those powers provided in its bylaws and articles of incorporation filed in each State in which it is incorporated.

''§ 120106. Restrictions

''(a) STOCK AND DIVIDENDS.—The corporation may not issue stock or declare or pay a dividend.

''(b) POLITICAL ACTIVITIES.—The corporation, or a director or officer of the corporation as such, may not contribute to, support, or participate in any political activity or in any manner attempt to influence legislation.

''(c) LOAN.—The corporation may not make a loan to a director, officer, or employee of the corporation.

''(d) CLAIM OF GOVERNMENTAL APPROVAL OR AUTHORITY.—The corporation may not claim

congressional approval, or the authority of the United States, for any activity of the corporation.

''(e) CORPORATE STATUS.—The corporation shall maintain its status as a corporation incorporated under the laws of the State of New York.

''§ 120107. Tax-exempt status required as condition of charter

''If the corporation fails to maintain its status as an organization exempt from taxation under the Internal Revenue Code of 1986, the charter granted under this chapter shall terminate.

''§ 120108. Records and inspection

''(a) RECORDS.—The corporation shall keep—

''(1) correct and complete records of account;

''(2) minutes of the proceedings of the members, board of directors, and committees of the corporation having any of the authority of the board of directors of the corporation; and

''(3) at the principal office of the corporation, a record of the names and addresses of the members of the corporation entitled to vote on matters relating to the corporation.

''(b) INSPECTION.—A member entitled to vote on any matter relating to the corporation, or an agent or attorney of the member, may inspect the records of the corporation for any proper purpose, at any reasonable time.

''§ 120109. Service of process

''The corporation shall have a designated agent in the District of Columbia to receive service of process for the corporation. Notice to or service on the agent is notice to or service on the corporation.

''§ 120110. Liability for acts of officers and agents

''The corporation is liable for any act of any officer or agent of the corporation acting within the scope of the authority of the corporation.

''§ 120111. Annual report

''The corporation shall submit to Congress an annual report on the activities of the corporation during the preceding fiscal year. The report shall be submitted at the same time as the report of the audit required by section 10101(b) of this title. The report may not be printed as a public document.

''§ 120112. Definition

''For purposes of this chapter, the term 'State' includes the District of Columbia and the territories and possessions of the United States.''.

(b) CLERICAL AMENDMENT.—The item relating to chapter 1201 in the table of chapters at the beginning of subtitle II of title 36, United States Code, is amended to read as follows:

''1201. Korean War Veterans Association, Incorporated .....120101''.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 253—EXPRESSING THE SENSE OF THE SENATE THAT THE ESTABLISHMENT OF A MUSEUM OF THE HISTORY OF AMERICAN DIPLOMACY THROUGH PRIVATE DONATIONS IS A WORTHY ENDEAVOR

Mr. LUGAR (for himself and Mr. BIDEN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 253

Whereas the role of diplomacy in the foreign policy of the United States deserves recognition;

Whereas the day-to-day efforts of American diplomats serving in overseas embassies and in the United States also deserve recognition;

Whereas, in 1998, the Department of State began to explore the feasibility of establishing a Museum of the History of American Diplomacy (in this resolution referred to as the ''Museum'');

Whereas the Foreign Affairs Museum Council (in this resolution referred to as the ''Council''), a 501(c)(3) charitable foundation, was created subsequently to raise funds for the Museum through donations from private sector organizations, former diplomats, and concerned citizens;

Whereas no taxpayer funds will be used for the establishment of the Museum;

Whereas former Secretaries of State Henry Kissinger, Alexander Haig, George Schultz, James Baker III, Lawrence Eagleburger, Warren Christopher, Madeleine Albright, and Colin Powell serve as Honorary Directors of the Council;

Whereas experienced and noteworthy diplomats and foreign policy experts, including Elizabeth Bagley, Keith Brown, Frank Carlucci, Elinor Constable, Leslie Gelb, William Harrop, Arthur Hartman, Herbert Hansell, Stephen Low, Thomas Pickering, Richard Solomon, and Terence Todman, serve on the Board of Directors of the Council;

Whereas former members of the Senate, including the Honorable Paul Sarbanes, and of the House of Representatives, including the Honorable Lee Hamilton, also serve on the Board of Directors of the Council;

Whereas the Honorable Charles ''Mac'' Mathias, a former Senator and member of the Committee on Foreign Relations of the Senate, is the Chairperson of the Board of Directors of the Council;

Whereas the Council has already raised over $1,300,000 through private donations; and

Whereas $300,000 has been spent to complete an initial concept design for the Museum: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) the diplomats of the United States serving overseas and in the United States are in many cases the front line of our national security policy;

(2) the people of the United States deserve a better understanding of the efforts of these brave men and women;

(3) talented young people and their families should be encouraged to consider careers in foreign affairs as an important contribution to their country;

(4) the establishment of a Museum of the History of American Diplomacy that highlights the work of these men and women throughout the history of the United States is a worthy endeavor; and

(5) the current plan of the Foreign Affairs Museum Council to fund the museum through private donations is appropriate and deserves the support of the Department of State.

SENATE RESOLUTION 254—SUPPORTING EFFORTS FOR INCREASED HEALTHY LIVING FOR CHILDHOOD CANCER SURVIVORS

Mr. COLEMAN (for himself and Mr. REED) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

Whereas an estimated 9,000 children under the age of 15 will be diagnosed with cancer in the year 2007;

Whereas oncology, the study of cancer and tumors, has made significant progress in the prevention, treatment, and prognosis of many childhood cancers;

Whereas the number of survivors of childhood cancer continues to grow, with about 1 in 640 adults between the ages of 20 and 39 having a history of cancer;

Whereas despite this progress, cancer is the chief cause of death by disease in children under age 15, and the fourth leading cause of death in children ages 1 to 19;

Whereas childhood cancer varies from adult cancers in development, treatment, response to therapy, tolerance of therapy, and prognosis;

Whereas, in most cases, childhood cancer is more responsive to therapy, the child can tolerate more aggressive therapy, and the prognosis is better;

Whereas extraordinary progress has been made in improving the cure rates for childhood cancers, but this progress involves varying degrees of risks for both acute and chronic toxicities;

Whereas many childhood cancer survivors and their families have courageously won the fight against cancer, but continue to be challenged in their attempt to regain quality of life, and will never fully return to their pre-cancer life;

Whereas half of all childhood cancer survivors have long-term learning problems as a result of their cancer or the treatment of their cancer;

Whereas the prolonged absences or reduced energy levels that frequently occur during treatment may contribute to difficulties for a child;

Whereas recent scientific reports indicate that treatment for cancer during childhood or adolescence may affect cognitive and educational progress due to neurotoxic agents (such as chemotherapy or radiation);

Whereas cancer that may spread to the brain or spinal cord requires therapy that can sometimes affect cognition, attention and processing speed, memory, and other learning abilities;

Whereas children with brain tumors, tumors involving the eye or ear, acute lymphoblastic leukemia or non-Hodgkin's lymphoma face a higher risk of developing educational difficulties;

Whereas the educational challenges of a childhood cancer survivor may appear years after treatment is completed and are frequently misdiagnosed or ignored all together;

Whereas few educators are aware of the educational late effects related to cancer treatment;

Whereas childhood cancer survivors and their parents deserve and need neuropsychological testing to help them achieve academic success and have productive, hopeful futures;

Whereas some progress has been made, but a number of opportunities for childhood cancer research still remain under funded; and

Whereas increased recognition and awareness of neuropsychological testing for childhood cancer survivors can have a significant impact on the education and ultimately the quality of life and productivity of people with childhood cancer: Now, therefore, be it

Resolved, That it is the sense of the Senate that the United States Government should—

(1) support neuropsychological research and testing of childhood cancer survivors and their families;

(2) work with health care providers, educators, and childhood cancer advocacy and education organizations to encourage neuropsychological testing;

(3) recognize and reaffirm the commitment of the United States to fighting childhood cancer by promoting awareness about the causes, risks, prevention, and treatment of childhood cancer;